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**ANALYSIS OF TEACHER TRAINING METHODS FOR NURSING IN
SELECTED SOUTHERN CALIFORNIA PROGRAMS**

**A Project
Presented to the
Faculty of California State University,
San Bernardino**

**In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Education: Vocational Education**

**by
Yu-Hua (Davina) Wang**

March 1995

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TABLE OF CONTENTS

<u>Section</u>	<u>Title</u>	<u>Page</u>
CHAPTER I.	STATING THE PROBLEM	1
	Background	2
	Research Questions	5
	Procedure Involved in Conducting the Study	6
	Value/Contribution of the Study to the Vocational Education Profession	6
	Limitations	7
	Assumptions	8
CHAPTER II.	REVIEW OF THE LITERATURE	9
CHAPTER III.	METHODOLOGY: RESEARCH DESIGN	21
CHAPTER IV.	OPERATIONALIZING	29
CHAPTER V.	SUMMARY	38
	References	45
	Glossary of Terms	49
APPENDIX A	50

CHAPTER I. STATING THE PROBLEM

Analysis of Teacher Training

Background

One of the many vocations currently available to students is the field of nursing, in which both practical and essential types of jobs are open to applicants wishing to enter a profession/vocation where employment opportunities are ample. In both the first and third world countries, nurses are needed in great supply. Thus, the training of nurses has become an expanded field. The field has been rapidly changing to meet the demands of an increasingly diverse number of positions recently made available to prospective candidates now emerging from extensive years of academic training and on-site clinical experience.

The purpose of this study was to ascertain if nurses-in-training in today's vocational schools are receiving instruction which capably prepares them to meet the needs and exigencies demanded by the medical profession in our rapidly changing society. The study also purports to demonstrate the need for in-service training of nurses already in the profession as well as the mandate for change which had to be carried out by all nursing trainers in light of the rapidly evolving technological advances of the medical field of the nineties. To expedite the purpose of the study, a variety of research methods were required in order to secure baseline data regarding the current status of nurse's training. One key investigatory technique was the exploration of literature dealing with this subject, which will subsequently be reported in this study.

Analysis of Teacher Training

In addition to the literature review, the interests and personal observations of the researcher indicated that there are two distinct phases to nurses' training. The first is the matter of formally educating nurses at the academic level of instruction. The second involves in-depth practical training in hospitals and nursing homes which must be carried out after, or in conjunction with, the formal education (Forester, 1989).

In terms of the training of nurses, the field has historically been viewed as both a vocation and a profession, placing it in a slightly more esteemed category than certain other vocations which require less formalized education (e.g., carpentry, medical technology, legal technology, etc.) (Forester, 1989).

This researcher has observed nurses working in hospital settings in this country and in her native country. From these observations ideas were developed that related to the many duties of nurses, including, but not limited to, patient care, operating room expertise, the administration of the profession/vocation, and other services such as work in emergency rooms, physical therapy, pediatrics, laboratory, and support services. Coupled with reading about the profession, it was evident that strategies for training nurses were many and varied, involving a myriad of skills and special abilities (Johnson, 1985).

Through extensive reading about the state of nursing training, a significant issue in the field seemed to be the methodologies used to train candidates. Four

Analysis of Teacher Training

different methodologies emerged and were identified by one source as the most significant training elements involved in the vocation (Tornyay and Thompson, 1987).

The first method was teaching by lecture, most commonly utilized in schools of nursing. Such lectures were frequently augmented through the use of visual and auditory media and observations, as well as through computerized data banks, videos, and other up-dated sources of information.

A second method of teaching nursing students was stated to be the teaching by seminar, involving the lecture approach but primarily based on independent learning skills, guided research and discussion techniques. The third method of working with students was teaching through guided research and discussion techniques, setting up a sample situation, having students investigate the situation, and later asking for possible multiple solutions to the problem. Guided design methodology also involve analysis and extension documentation (Tornyay and Thompson, 1987).

In addition to formalized training methods and the acquisition of knowledge, the researcher also deducted that students were trained in another significant area, their ability to perform clinically. This appeared to be a crucial aspect of the total training program and included such factors as teacher observation of patient examinations, evaluating the student's professional behavior in a clinical setting, assessing the student's emotional stability and aptitude for the profession and determining if the student could work effectively with fellow employees in the job situation (Lenburg, 1979). The researcher also noted that students of nursing had to

Analysis of Teacher Training

acquire other needed skills, including knowledge of computers, now a crucial element in the nursing field, utilized in hospitals, nursing homes, and other medical facilities (Arnold and Pearson, 1992).

Research Questions

Based on observations, reading, and discussions with nurses in the field, the researcher began to hypothesize about the nature of nursing training. Although training as such appeared to be sound in terms of imparting knowledge to students and allowing students to grow and develop in the vocation through on-site experiencing in medical facilities, there were certain elements of training not being addressed by the profession, especially in light of the rapidly changing needs of medical technology in the nineties. These apparent defects in the training procedure led to the following primary research questions:

- Are methodologies currently used in nurses training, meeting the needs of today's students entering the profession?
- Based on the primary research question, the following sub-questions also emerged:
- Was it possible to restructure traditional training and adapt this training to present day realities in the field?
- In addition, would teacher trainers consider new models or methodologies for instruction?

Analysis of Teacher Training

- Finally, would the profession itself be willing to make radical changes over the next several years in terms of the training and education of new students as well as the re-training of nurses currently working in the field?

Procedure Involved in Conducting the Study

In order to attempt to answer the research questions as stated above, this study will select certain pre-assigned Southern California medical training facilities, using such facilities to determine the most commonly adopted training methods, the efficiency and practicality of these methods, and their viability for nurses entering and/or working in the field today. To gain baseline data, procedures include reading and research, observations, questionnaires, and interviews. After the baseline data was collected it was analyzed and evaluated, particularly in terms of its applicability to the research questions.

Finally, the procedure involved a determination of the suitability of presently used methods of nurses training, making recommendations for future training techniques as well as additional investigations and studies in the field which need to be undertaken in a timely manner.

Value/Contribution of the Study to the Vocational Education Profession

The value of the study to the vocational education profession is extensive. A primary value is the anticipated knowledge presented by the study which could help to increase awareness about the need for immediate changes needed in nursing training.

Analysis of Teacher Training

Secondly, the study has value because it would not only impact on the student currently entering the vocation, but would also alert members of the profession itself regarding the archaic nature of some training methods and their lack of applicability to the medical exigencies existing in the present decade.

Finally, the study recommends ways in which nurses training could be adapted, restructured, improved and upgraded in the future, helping teacher trainers to devise a means by which training methods could correlate more efficiently with the demands of the profession, the job market, and the medical field itself.

Limitations

1. This study is limited to selected Southern California nurses training programs.
2. The study is also limited by the fact that the researcher is not a member of the nursing profession and therefore must rely on sources other than her own in-depth knowledge of the field, in order to collect the baseline data.
3. The study is limited to trainers of nurses and hospital personnel willing to cooperate in answering the questionnaire and supplying other opportunities for the collection of data.
4. The study is limited to the acquisition of information gathered from observations, questionnaires, interviews, textbook research, and the researcher's own innate ability to assess baseline data related to professional vocational training in the field.

Analysis of Teacher Training

Assumptions

As a result of reading, discussions with colleagues, and personal experience, the following assumptions are made relative to the research questions.

1. Teacher training in nursing education may be outdated, thus not adequately preparing the student for entry into the field.
2. Rapid changes in the medical and nursing fields have made present training methods obsolete in some respects.
3. Students do not have sufficient time to acquire/demonstrate knowledge in a clinical setting.
4. Books and manuals in the field are often outdated and inadequate for present nursing practices.
5. Pre and In-Service training are not offered on a frequent and timely basis.
6. Training often does not prepare the student to meet the criteria for State mandates and licensing.
7. Liaison between training institutions and medical facilities is frequently inadequate.
8. Nursing education may not be meeting the needs of the emerging vocation/profession of the present decade.

A definition of terms relating to nursing training can be found in the glossary at the end of the study.

CHAPTER II. REVIEW OF THE LITERATURE

Analysis of Teacher Training

The primary research question of this thesis is: Are methodologies currently used in nurses training, meeting the needs of today's students entering the profession? To answer this question, it is first necessary to review the literature on methodologies currently being used. An investigation of textbook sources reveals the following. Hurley (1979) states that training methods can be based around the stating of an objective and the student's efforts in attempting to meet that objective. Students are asked, for example, to demonstrate competence in preparing a patient for surgery, both at the emotional and at the physical level. In order to meet this objective, the student would read extensively on the subject, work with established nurses at a local hospital through observation and participation, and report on how this objective is being met with the professional in general as well as in local hospitals.

Hurley (1979) adds that another effective method of instructing students is the development of models related to specific topics or issues. Such models may deal with moral or ethical issues such as pollution or the right to die. Other models may relate to professional issues like credentialling or standards of practice while others impact on social issues like child abuse or rape. There are also models with special topics like genetic engineering and the misuse of prescription drugs.

According to one expert, there are four specific models utilized in the training of teachers. They are:

- 1) The Developmental Model, whereby the student "collects data on an ongoing basis for both specialist growth and decision making" (p. 244).

Analysis of Teacher Training

2) The Personnel Decision Model which provides for data collection only as it affects personnel decisions.

3) The Personal Growth Model provides formative data used to indicate growth in terms of individual goals.

4) The Criterion Based Model sets standards by which staff members are judged and the Objective Based Model makes predictions and is outcome-oriented (Kelly, 1992).

Students instructed through the model approach are encouraged to revise, alter, or make recommendations relating to the model, using it as a springboard to future learning in the area. Models are particularly effective for many students in training, giving them a point of reference and a point of departure leading to present learning, supplementary studies, and future professional projects. Instructors may ask students to:

- 1) List things about the model that they like,
- 2) give an overall impression of the model, and
- 3) give specific suggestions for revision of the model (Kelton, 1989).

The clinical model is the second method utilized for the training of nurses.

Abruzzese (1992) states:

"In addition to carrying responsibility for the development, validation and maintenance of the clinical skills of staff nurses, the staff development department also provides for the development of leadership skills

Analysis of Teacher Training

among...groups. This (goal) may be accomplished in a variety of ways. One is through the use of the clinical teacher model" (p.70).

Meredith (1983) writing in Clinical Nurses Training, states:

"Teaching in the clinical area can be accomplished using a number of strategies, but usually includes questioning and demonstration employing a problem solving format. Educators, clinical nurse specialists, or preceptors frequently serve as role models for less experienced nurses by demonstrating complex skills of patient care" (p. 167).

In the training process it is important for students to demonstrate their ability to perform clinically, since experience is as important in the nursing profession as academic training. Clinical performance can include student observation of the examination of a patient, the student's professional behavior in the clinical setting, the student's ability to give appropriate care, and the student's expertise in collaborating and working successfully with co-workers (Lenburg, 1979).

Kelly (1992) states:

"New procedures and equipment can be demonstrated at the bedside, as well as in the classroom. Teaching these techniques in the clinical area allows the learner to more easily perceive the variables that must be considered when performing a procedure or using equipment. The return demonstration by the learner is frequently accompanied by some monitoring of criteria" (p.231).

Analysis of Teacher Training

An adjunct to the clinical method is the residency program whereby nurses, after academic and clinical training, are placed in facilities for further observation, instruction, and "hands-on" experience. Residency programs are available in all states but the opportunity to enter such programs is limited. Often it is restricted to the most qualified applicants although minority students may get preferential placement. According to "A Health Sciences Education Plan for California" (1979), residencies are not generally subject to close coordination and control by the State. Residencies are sponsored by hospitals, which are responsible for paying the stipends of the residents....State funds go directly only to residencies connected with the University of California or with State hospitals.

Since residency opportunities are limited and, in addition, the pay to resident nurses is low (approximately \$20,000 per annum), most nurses go directly into their vocations following graduation from an academic institution and after a brief period of clinical training (Ledbetter, 1985).

Training methods also include the testing of students by allowing for pupil feedback and evaluation of knowledge gained both in the classroom and in the field. Such testing can be written, oral, or provided by demonstration (Wellesley, 1987). The training teacher may also wish to observe the student in the field and make further recommendations based on observations of the student's analysis of his/her own experience and competency. Additionally, the nursing field requires that training not be pedantic, that it be flexible and ongoing, with both formative and summative

Analysis of Teacher Training

evaluation by the instructor regarding student progress (Wellesley, 1985). Therefore, many training programs are self-paced, with students finishing programs in a timely manner without having to meet specific target dates for completion which are often restrictive to student progress.

Some more advanced nursing students elect to perform independent study. Many fourth year students who have mastered basic concepts about the vocation of nursing, are given independent projects in their final baccalaureate year as well as in the first year of a graduate program. Well motivated, self-paced students, who are familiar with investigative techniques and the methods most appropriate to reporting their studies, are the best qualified students to embark upon independent study programs (Ludwig, 1988). Independent study, however, is not utilized in the first two years of training. In contrast, the lecture and textbook approach to professional concepts and ideas is the most commonly used training method employed by teacher trainers in the nursing field. Storlie (1975) states:

"Lecturing or telling is the easiest method available to present a large number of facts in a short time. For example, a lecture on anatomy of the heart with blackboard illustrations mobilizes two of the learner's senses: sight and hearing. Active participation enhances retention and learning. This is true whether the thing to be learned is a motor skill, a verbal concept, or a combination of the two" (pp. 14-15).

Analysis of Teacher Training

In light of the foregoing, most commonly used methodologies utilized in nurses training, and in response to the primary research question, are the methods cited meeting the needs of today's students entering the profession? In reviewing the texts and references available, there was little information about this topic.

Therefore, the need for the present study appeared to be particularly important in order to add to the current body of literature on the subject. Barrington (1986) states that many hospitals have subjected newly entering nurses to extensive pre-service training in order to augment and enhance the work done in the colleges and in clinical training procedures. According to Barrington (1986), "Students entering into hospitals directly after graduation and a brief period of clinical training may lack skills and abilities needed at the professional hospital level" (p. 239).

Fawcett's (1988) Handbook of Nursing Training indicates that patient care is not adequately being served by today's recently trained nurses. He states that the changing needs of patients both in hospitals and in private patient care, are not being addressed in institutions of teacher training. This inadequacy in providing updated knowledge to nurses-in-training, impacts unfavorably on the patient and complicates communication between the nurse and the patient. Fawcett (1988) adds in a subsequent passage, "...the quality of care given to patients can also be impacted by the nurse's inability to fully understand the nature of the patient's illness and the nursing requirements needed to adequately manage patient care" (p. 149).

Analysis of Teacher Training

In terms of more up-dated references from journals and recently dated texts, the following information was obtained relative to the research questions and sub-questions. A number of new books and journal articles indicated that methodology revision was mandated in academic institutions in order to better serve the training of nurses. Beitz' (1994) writing in "Dynamics of Effective Oral Presentations, Strategies for Nurse Educators," states:

"Oral presentations can and should be exciting events for learners and educators. In service faculty members who are new educators have a plethora of sources that they can use to develop and refine their presentation skills. Just as individuals learn to read by reading and write by writing, staff instructors learn to teach well by teaching. (There should be a) Focus on developing...teaching versatility by combining strategies, (since) varying methods will appeal to learners' different learning styles" (p. 1028).

As in the United States, Canada also became increasingly aware of the need to change the course of nursing education. According to Quellet' (1993) Canada is still undergoing fundamental change, a trend which is anticipated to have profound effects on the nursing graduates' approaches to practice. He states: "Currently the greatest challenge for nurse educators is not only to develop nurses who can effectively work in a health care setting, but to prepare nurses who have the knowledge, strength, and the will to transform the health care system" (p.43).

Analysis of Teacher Training

Quellet (1993) also stated that past approaches to nurses training, developed for the needs of men, had a negative impact on nursing education. Methods previously used did not encourage dialogue nor the development of critical decision making skills. Thus, the rational-empirical approach to nurses training emphasized "black vs. white" answers, which dehumanized nursing care and discouraged critical thinking.

This concept was reaffirmed by Corcoran, Narayan, and Moreland (1988) in their recent commentary on the training of nurses which stated:. "Although 'thinking-aloud' has been used as a research method to collect data about nurses' knowledge and cognitive processes, it has not been used widely for instruction..." (p.467). The authors believe this technique and similar techniques should be utilized in a variety of nursing situations, especially in terms of emergency decisions where critical thinking skills and fast action on the part of the nurses are essential.

In a subsequent study by Corcoran, Narayan, and Moreland (1988), it was found that students did not think critically and, in addition, used research publications in their field on a limited basis. Students also had difficulty connecting the empirical part of their studies with theoretical and/or conceptual frameworks.

In Corcoran, Narayan, and Moreland's (1988) case studies, the thinking of nurses in training was not mature and they concluded that training in critical thinking skills was imperative for inclusion in future training courses (Saamanen, 1993).

Analysis of Teacher Training

In Barber and Norman's (1989) study, the dominant classical (traditional) approach to nurses' training was rejected in favor of more illuminative evaluation and approaches which utilized new paradigm research. In this study, nurses education teachers (were) encouraged to apply...principles of therapeutic community practice and gestalt awareness to the learning environment to enhance gains from experiential approaches.

A further implication of that study was the urgent need to better prepare nurses. Traits needed in nurses ready to enter the profession included both personal and interpersonal sensitivity and the ability to meaningfully interact within groups. Barber and Norman (1989) note that these traits could be encouraged through a variety of methods including gaming simulation and its qualitative evaluation.

Watson and Herbener (1990) indicate that one segment of nursing training that was neglected and is in need of revision, is the evaluation of instruction involving program evaluation. Watson and Herbener (1990) state that:

"There are several program evaluation models available to guide the evaluation process but no single model is best. (Therefore) nurse educators must consider a variety of variables....the selection of a model should be based on the purpose of the evaluation, program needs, material and spatial resources and personnel time, as well as the needs and desires of key interest groups. Several considerations are also required before the model is implemented.

These include determining specific priorities for evaluation since all aspects of

Analysis of Teacher Training

a program (conceptual framework, philosophy, program goals, student characteristics,...as well as adequacy of resources) usually cannot be evaluated simultaneously..." (p. 318).

Paterson and Crawford (1994) stated that caring was the most important aspect of nurses training. This source indicated that "caring has been cited by many authors as the core value of nurse-educator-student relationships. Others have discussed the need for caring to be translated and transmitted in the practices of nursing education" (p. 169). The authors present a model for teaching caring to students in their article, but do not indicate imperatives for future research due to the difficult nature of the subject and its inability to be objectively inserted into traditional nursing curriculum.

There is a need, however, for objectives to be clearly defined by nurse educators in terms of translating knowledge to students. Carlson, Lubiejewski, and Polaski (1987) claim:

"Nurse educators agree on the need for objectives in the classroom situation and frequently communicate them in a written form. Written expectations for clinical use however are rarely given to student nurses prior to their clinical experience. Clinical expectations are understood by instructors, but communicating them to students results in mixed interpretations" (p.195).

In addition to the communication of objectives and the developing of sensitivity and other important attributes for nurses in training, the teaching of ethics is also an integral part of nursing education, but its methodology is also in need of

Analysis of Teacher Training

revision. The reasons for its present inefficiency are numerous. Waithe, Duckett, Schmitz, Crisham and Ryden (1989) demonstrated in their study on ethics:

"Developing cases for the clinical teaching of ethics can be extremely time-consuming. Often the cases that are developed either represent unrealistic situations or mere technical puzzles rather than genuine ethical problems" (p.179).

Finally, the need for more continuing education was stressed relative to the training and retraining of nurses. Roth (1993) states, "Licensed Practical Nurses and Licensed Vocational Nurses (LVNs) can competently perform specific IV therapy procedures after successfully completing a well structured IV nursing continuing education process" (p.156). Roth concluded that continuing education in all aspects of critical care done by nurses, must be an on-going part of the training of all nurses entering the field or who are already working in the field.

It is clear from the foregoing, that there is a substantial body of information to support the researcher's basic questions, thus forming the essentials for the present study.

CHAPTER III. METHODOLOGY: RESEARCH DESIGN

Analysis of Teacher Training

The methodology used in the research, and which forms the basis for the research design, is descriptive and quantitative. It attempts to answer the primary research question: "Are methodologies currently used in nurses training, meeting the needs of today's students entering the profession?". The design also purports to answer the sub-questions, regarding whether traditional training can be restructured and adapted to present day realities in the field and if teacher trainers would consider new models or methodologies for instruction. The design also addresses the question of whether the professional is willing to make radical changes over the next several years in the training and education of new students and in the re-training of nurses currently working in the field.

Nurses selected to take the 14 item questionnaire described below were reviewed and selected by the head nurse at three hospitals: Cedars Sinai Medical Center; Kaiser Foundation Hospital; and, Santa Monica Hospital. Ten nurses per hospital were chosen and all were nurses in the first year of their training. The nurses were given the questionnaire by the head nurse along with a self addressed stamped envelope for return to the researcher with a 10 day deadline. The questionnaire was administered between November 1 and November 12, 1994.

Other methods utilized for the study (e.g., observation and interview) were held during the same time period by permission of the head of nurses at each of the listed hospitals. Six observations were made by the researcher and interviews were

Analysis of Teacher Training

conducted at the same time. The dates of visitation were November 2, November 5, November 8, November 9, 10, and 11, 1994.

The following results of the questionnaire (Appendix A) were obtained and an analysis of the answers to the baseline data are presented in Chapter 4.

Question one asked if the overall training for the profession of nursing for each of the respondents was adequate, inadequate, or better than adequate. Ten respondents said training was adequate, 15 respondents said better than adequate, and five respondents indicated that their training had been inadequate.

Regarding Question two, in connection with the quality of academic training at the vocational or collegiate school attended, 12 respondents indicated that training had been adequate, 13 respondents said inadequate, and five respondents indicated better than adequate.

In Question four, 10 respondents stated that the strongest part of their training had been teacher instruction, 10 said self-learning, and 10 said clinical training. However, in Question five nurses claimed that the strongest part of their training had been teacher instruction (25 respondents) as opposed to five respondents who stated clinical training was the strongest aspect of their background. As nurses approached entry into the profession (most had already entered), 10 said they were well prepared, eight said they were moderately prepared, and 12 stated they were not prepared.

In Question seven, the nurses' main concern in terms of preparedness was assistance in the clinical setting (14), nursing administration (6), and patient care (10).

Analysis of Teacher Training

In Question eight, nurses stated they needed additional training (25) and some additional training (5). Question nine demonstrated that nurses, in the main, were in the profession as a lifetime commitment (26) as opposed to short-term commitment (4).

Question 10 demonstrated that for all respondents nursing was their profession of choice. Question 11 indicated nurses felt that nursing was both a professional and a vocation (15), only a profession (6) and a vocation (9). Question 12 asked if nursing training was better or less effective than for other professions/vocations. In this question, 16 stated less effective and 14 stated better than other professions. In Question 13, 17 respondents said they would choose nursing if they had to make a career choice again while 13 stated they would select another vocation/profession. On the last question, number 14, 15 respondents were enthusiastic about nursing, five were less than enthusiastic, and 11 stated they still had questions and concerns about the profession.

In light of the foregoing, an overall evaluation of the questionnaire indicated that the methodologies used to train nurses were marginally adequate to professional needs. This cursory evaluation was based on the baseline data which indicated neither strong nor weak feelings on the part of nurses towards training but rather a questionable attitude in connection with both the training and the profession, as well as feelings about entering and working in the field. Chapter IV will offer a detailed analysis of the questionnaire and its significance.

Analysis of Teacher Training

Interviews were the second method used to test the research questions. The researcher informally interviewed 10 nurses working at the Kaiser Foundation Hospital, Sunset Boulevard, Los Angeles, California. Permission was obtained for observations and informal questioning of nurses working with the doctors as well as in the Emergency Room. The researcher asked the nurses if they considered themselves well trained for their work. The majority of interviewees stated that they had been well trained but that many changes were needed in the direction of in-service education and preparation for new developments in nursing and medicine over time. Most doubted if traditional training could be restructured. However, they indicated that there were certain "tried and true" concepts in nursing education that would always have to be incorporated into a core nursing curriculum even if innovation took place. Many of these concepts dealt with sensitivity and affective methods of patient care as well as certain medical techniques which were essential knowledge for the nursing student.

All of the interviewees said they were open and receptive to new models for nursing training and all said they would be willing to undergo in-service training. However, they did state they had to be paid for this additional training and they did not know how many hours they could commit to retraining classes.

The researcher observed nurses in the emergency rooms working with patients in the Kaiser Foundation Hospital, Sunset Boulevard, Cedars Sinai Medical Center, and Santa Monica Hospital. Observations took place over a two week period and six

Analysis of Teacher Training

observations were conducted. In the opinion of the researcher, the nurses appeared to be performing adequately in their tasks, indicating an acceptable level of training. However, there were a number of issues in which additional training may have helped. For example, there were large numbers of people in the emergency rooms who had to wait a considerable length of time for care. The nurses seem to need additional training in dealing with these anxious people as well as developing skills which allowed them to move patients more efficiently in and out of the Emergency Room. Of course, nurses had to wait for doctors and other medical personnel to perform their tasks. However, with training, nurses could be of even more assistance, which would allay the fears of patients in an emergency situation.

This researcher also observed some lack of sensitivity of nurses working with patients who were in attendance for medical appointments or physical examinations. Nurses did not attempt to answer patients' routine questions which they could have easily done. For example, when the nurse took the blood pressure of one patient, the patient asked what her pressure was. Instead of answering, the nurse said, "You will have to wait for the doctor". In checking with doctors, the researcher learned that it was perfectly acceptable for the nurse to give this information to the patient, but it appeared that the nurse did not want to bother giving such information because she would then have to engage the patient in conversation concerning the patient's blood pressure reading.

Analysis of Teacher Training

Another area where training appeared to need improvement was in the matter of hygiene. In one instance, while a nurse was giving a blood test, she put her other hand in the waste basket which could have been contaminated. Then, when she untied and bandaged on the patient's arm, there was a chance of contaminating the patient's open area where the test had been taken. Although this was an unlikely occurrence, the researcher felt that additional training could help this problem from ever occurring again.

From observations, the respondent felt that there were so many new areas of medicine, so many varieties of illness (both physical and psychological) that nurses were almost overwhelmed by the multitude of knowledge they had to know in order to treat patients in an adequate matter. To this end, additional training in new developments in medicine appeared to be mandatory in order to update nurses on what was happening in the field. During observation, the respondent also noticed that nurses were (in some circumstances) hostile. This hostility to the work and to patients may have been caused by fatigue or simply from the stress of the job. Therefore, training for nurses in alleviating stress would be an integral part of in-service instruction in the future.

In assessing the results of the observations, interviews, questionnaire answers, and textbook research (the four methods used to test the research questions), it was clear to the researcher that currently used methodologies may be adequate for nurses in terms of giving them basic training for entering the profession, but they were not

Analysis of Teacher Training

good enough for the nurses continuing work in the profession/vocation of nursing for a variety of important reasons (many of which have been previously identified).

Secondly, in light of rapidly changing medical practices, nurses must be retrained to handle patients in both physical care and psychological treatment, two critical components of the nurse's responsibility toward patients. In addition, nurses must be updated in areas of hygiene, processing of patients and the expediting of care, sensitivity to patients' needs, and general concerns in the areas of physical medicine and its rapidly changing requirements.

A stated limitation of this study is the sample chosen by the researcher (30 nurses answering the questionnaire) and three hospitals used for interviews and observations. In addition, the study was limited to a small geographic area in the same large city and the results of the study might change if the research had been conducted in a different area. In addition, the methodology could have been enlarged to encompass other research techniques, primarily statistical approaches to the problem, which would have given results less affective in nature and more quantitative. However, in a descriptive study, the types of techniques and methods used in this paper were standard approaches and appeared to be adequate for the types of research questions posed by the study.

CHAPTER IV. OPERATIONALIZING

Analysis of Teacher Training

In analyzing the Chapter III data, concepts which were the foundation of the research hypotheses provided the basis for the questionnaire, observations, interviews, and textbook research. This chapter focuses on a presentation of the concepts and the variables associated with the study and analyzes the data secured in order to evaluate the research in light of future studies.

In any study which measures attitudes, there is a large subjective factor which is basically affective in nature. Therefore, the concepts which were integral to the study must be defined according to the perceptions of the researcher and the level of awareness of the respondents in terms of how they viewed the research questions. Since the study is descriptive in nature, no precise measurement was intended to be used in quantifying the data. The only quantitative part of the study was the tabulating of the baseline data from the questionnaire which was taken from a small sample, as previously indicated. The following concepts and their attendant variables were drawn from the questionnaire.

The first important concept was an assessment of the attitude toward the efficacy of nursing training as indicated by the nurses who answered the questions posed in the document. Since the majority of nurses indicated that training was better than adequate, and a substantial number (10) indicated that training was adequate, the variable that is most significant is the definition of the term "adequate". It is clear that this variable implies considerable subjectivity since the type of training that would be adequate for one nurse might appear to be inadequate for another. Secondly, the

Analysis of Teacher Training

training given to one nurse might well suit the present working situation of that nurse. However, if the nurse was transferred to another situation (e.g., operating room to emergency room), the response might be different since prior training may have been inadequate for a specific nursing task.

Question two asked about the quality of academic training received by the respondents. In this case, there was a sharp division of response since academic training varies from institution to institution and from state to state. Even though there is a core curriculum to which every nurse is exposed during academic training, the variation on this curriculum is known to be widespread and extensive. Thus, a student trained in, for example, New York, may be ill prepared for an assignment in another state. Additionally, a student trained in a university limited in its resources for nurses training, might fare poorly against a student trained at a large institution. The apparent variable in connection with this concept is the depth and breadth of training in various schools of nursing, including academic requirements, field work experiences, and the expertise of instructors.

A like variable exists with Question three, clinical experience also varies with the institution and/or the hospital which provides this training. Defining a level of competency for clinical training situations requires a separate study in which well defined systems of measurement are used to gauge the level of competency of the clinical situation.

Analysis of Teacher Training

Question four has a large subjective aspect. The concept deals with the respondents' view about the strongest part of the training situation. Since individuals vary in their ability to learn, based on the learning technique utilized, there is no precise way to limit the degree of subjectivity in this question. In the field of education, it is clear that certain methodologies work for various people depending on the manner in which they learn most effectively. Thus, the nurse that prefers self-study appears to have a degree of self direction which may or may not be part of the learning experience of a respondent who chose clinical training as the strongest aspect of the program. Even if a nurse preferred clinical training to self-study, if the clinical training he/she received was not effective, then self-study might be the learning method of choice for this nurse regardless of a predisposition for another type of strategy.

The issue of preparedness in Question six is also subjective since what one individual views as a state of optimum preparedness, another individual might reject as inadequate. Secondly, as indicated earlier, the variable also must include the question of "preparedness for what?". In this question, in terms of response, much depends on the type of work situation the individual has been prepared for and whether the preparedness adequately gears the individual for effective performance in the working field of endeavor. This variable also exists in Question seven. In Question eight, however, the query dealt with whether additional training was needed, but the variable which exists within this context is the issue of the nature of the

Analysis of Teacher Training

training (e.g., type of training, how much training, and the environment in which training takes place).

Question nine discusses the concept of commitment and again we are faced with a variable of what commitment is and how it is perceived by the respondents. Commitment, by its very nature, can be transitory. For example, a first or second year nurse can be totally committed to the profession but in later years, the commitment may falter or wane altogether. Therefore, in all of the questions, one must consider the variable of time limitation since the respondents' answers could and probably would change over time. Thus, the study should be replicated at suitable intervals in the future, using the same respondents, if possible, in order to assess the difference in responses over time. This factor will be discussed in Chapter Five in connection with future predictions, ramifications, and projections for any similar study undertaken by independent researchers.

Question 10 was relatively free of extraneous variables, but it was opinion-oriented in terms of the selection of nursing as a profession. Question 11, however, discussed nursing as a profession and as a vocation (or a combination of the two). Again, the variable posed is a definition of profession contrasted with a precise clarification of the term vocation. The two types of preparation differ, one as a vocational nurse (LVN), or practical nurse (LPN), and one as a professional registered nurse (RN). The word "profession" implies more academic training than term "vocation and/or practical." Thus, the degree of subjectivity in this question

Analysis of Teacher Training

could be limited by first defining with the respondents as to their level of education, and type of license they hold or will hold. This variable also applies to Question 12.

Question 13 deals with nursing as a career choice. It is clear that this question was the least subjective of the many questions asked, except that it was, like other questions, opinion-oriented. Question 14, however, utilized the word "enthusiasm", a term which differs from person to person because it relies on an individual's interpretation of an emotional state. Emotions, however, are always subjective and unmeasurable except for the statistical method of inter-rater reliability, part of the measurement of research questions in this study. A summation of the questionnaire responses and their evaluation are discussed in Chapter Five.

In terms of interviews, the same variables must be taken into account as those stated heretofore in connection with the answers to the questions posed on the questionnaire. The interviews themselves were not formal in nature because the nurses interviewed were extremely busy at their tasks and the researcher had to use a "catch as catch can" approach to gaining the responses. The important variable in this regard is whether the nurses would have answered differently in a structured interview situation since the answers to their questions may have been more concise than the answers given in an informal manner during a relatively short and rapid interview session. Additionally, there is the factor of whether the nurses gave the researcher answers she wanted to hear and/or answers which they deemed to be appropriate for their professional situation rather than giving truthful answers to the

Analysis of Teacher Training

questions. In other words, there is a certain amount of risk during an interview that does not exist when people are taking a written examination since some professionals would prefer not to "go on record" making certain responses which could later be detrimental to their job situation.

The question of observation is also a subjective issue. Since the researcher is not a nurse, and has not been trained in the field, observations might be less accurate than a person with a trained eye or someone with prior training in the nursing or medical situation. Observations, at best, are subjective since the researcher may come with certain preconceived ideas which "color" his/her ability to be objective. Observations are helpful, however, when there are many and the views are compared and contrasted for similarities and differences. However, even in this case, the areas where the observations were made often differ in nature. This too can change the perceptions and the opinions of the observer.

Finally, one can say that the most accurate assessment of nurses training was made from textbook research, most of which was supported and verified by scientific studies and tested methods of measurement. However, in terms of field research and its validation or rejection of the research hypotheses, there is a strong element of an affective response which would be difficult to eliminate unless one were to use an effective measurement scale or similar device to limit the amount of variables that currently exist in the study. Therefore, the best that the study could hope to do was

Analysis of Teacher Training

to gather baseline data from many different sources and evaluate that data in terms of the research hypotheses.

An overall evaluation of the information gathered from the questionnaire, the interviews, and the observations produced remarkably similar responses. Almost all nurses felt their training had been reasonably adequate, but that additional training was needed. Secondly, in talking to the nurses and their superiors, who were also involved in the on-site training of their staff, it appeared that new models or methodologies for training were the optimum method for improving the training of nurses, but that no such training was currently taking place except for limited in-service experiences within the hospital setting itself.

The researcher also observed a large degree of conservatism in her limited visits to the hospitals and a kind of rigidity of method which precluded the possibility of radical changes taking place in the profession within the next several years. These changes, however, might be effected over time. This study did not interview nursing trainers in the clinical situation nor did it question nursing trainers at the university level. This aspect of the study led to certain false conclusions. Thus, future studies could be enhanced by interviewing trainers of nurses at all levels of instruction as well as interviewing nurses in school, in the work situation, in the administrative setting, and in all other aspects of the profession. In other words, the study was limited to a small sample of nurses, to affective responses and, therefore, could not holistically address all aspects of nursing training. An approach of this type would

Analysis of Teacher Training

require a study of some magnitude, carried out by a large research organization with the capacity to expand the scope of the study and eliminate the subjectivity which presently exists.

The researcher recognizes the discrepancies and variables in the study, but finds the data valuable as an indicator of present attitudes toward training among a small sample of nurses. She is also aware that the study could serve as a springboard for future studies of this type, carried out over time and in a version expanded to encompass the many aspects of training to which nurses are subjected, from the onset of their academic career to the clinical setting and the work situation.

In a sense, therefore, nursing is a growing and changing profession/vocation which must be studied less in a linear manner and more with a horizontal approach, taking into account the fluctuations and vicissitudes in the field of medicine itself, which is directly related to how nursing training is carried out over time.

Chapter Five will further summarize the study and give concrete recommendations for future study and research in the field.

CHAPTER V. SUMMARY

Analysis of Teacher Training

The objective data suggests that there were many approaches to the training of nurses both at the academic and at the practical level. In the college setting, a variety of teaching and training methods were employed ranging from didactic and lecture approaches to the self-paced concept of independent study. In most cases, nurses-in-training were exposed to eclectic methodology, in which all of the above mentioned methods were combined in a wide range of collegiate instructional programs.

However, regardless of the type of academic instruction received by the nurses, the data from the literature indicated that the training had not been adequate for present needs and that changes in training at the university level were mandatory. An even more significant indicator at the college level, was the fact that there was a lack of updated knowledge, so that nurses newly placed in the field were not adequately prepared for their tasks, especially in a medical milieu which was changing rapidly in a fast paced society. The implications of these findings are significant because they indicate that there must be radical changes in nursing training at the university level as well as at other levels of instruction, including but not limited to residency programs, on-site hospital training and practical experience.

What was not mentioned in the literature was an approach to changing nursing methodologies, although suggestions and innuendoes were given in connection with this problem. It is the researcher's opinion that the literature reflected a rigidity in terms of its point-of-view as well as its explanation about current nursing training practices. It is this rigidity which may not adapt well in terms of making immediate

Analysis of Teacher Training

changes in the professional training of nurses, even though these changes appear to be mandatory. In addition, it is clear that change must come at the university level if it is to "filter down" to the practical level and ultimately to patient care.

Therefore, if and when changes are made, it is the researcher's findings in this study that they must be made first in academia before any significant changes can be observed in the field. Conversely, if there is a "grass roots" movement among nurses in the hospital and medical settings to effect such changes, then this movement may impact on the academic level of instruction, creating the change which must occur among nursing trainers at the university and college level.

The finding that changes in nurses training necessary in both the United States and Canada, may result in some joint efforts by both countries to improve the level of such training. In addition, with the present trend toward globalization of professional instruction, there may be knowledge gained from overseas sources which would affect nursing training in this country. The reverse is also true since foreign nations frequently look to the United States for guidance in the professions.

One of the most significant pieces of data uncovered in both the literature, in the interviews and observations, was the fact that nurses do not gain enough experience in making critical decisions. Decision making skills can be taught, but such instruction is sadly lacking and often must be learned from on-site participation with patients and in medical emergencies. If such skills were taught early on in nursing instruction, many lives might be saved and many more patients could be

Analysis of Teacher Training

treated quickly and more capably, rather than waiting for an emergency to occur and then making decisions spontaneously without the benefit of training in decision making skills. Thus, this aspect of nursing training must be improved at the university level and in all levels of instruction since it is very crucial to the nursing profession.

The data also indicated that there are many aspects of nursing training which cannot be statistically measured. One of these aspects is that of "caring" or the affective approach to dealing with patients. Although academic skills and training approaches are measurable, these affective responses cannot be placed into charts and tables, but can only be observed and recorded. Up to this time, there are few if any substantial studies which try to measure the level of training in the affective approach, which is why the questionnaire and the observations in this study are so important.

Data secured from the questionnaire and observations did deal with the affective response and, based on the statistical approach of inter-rater reliability, it is clear that nurses found the lack of effective training a significant factor as they entered into the profession. For example, in examining the responses to the questions, there was also an effective component in dealing with the question of lifetime commitment, as opposed to short-term commitment, there is a very subjective factor since the nurses' opinions were based on feelings and predictions rather than on their basis of experience from prior training. This is also true in terms of the decisions which had

Analysis of Teacher Training

to be made when nurses were asked to distinguish between nursing as a profession or as a vocation.

Other areas which dealt with feelings and opinions were involved in the interviews since the nurses were inclined to respond with their inner feelings rather than answering on the basis of certain objective data. This was particularly true when nurses were asked about caring and/or feelings they transmitted to patients. Nothing in their prior academic preparation helped the nurses to deal with this aspect of the profession. Rather, a sort of intuitive component appeared to exist in the profession of nursing which may lend itself to "teaching" at the university level, but rather might be learned during residency or in practical training.

Thus, the trends which were identified in the literature review and in the questionnaire pointed to the fact that major changes must be made in the training of nurses, but that some of these changes may not come about at the academic level but rather at the vocational level. Nevertheless, changes at the academic level also appeared to be a significant trend, especially in comparing the studies which were reported in the literature.

One significant observation of the researcher was the fact that there were many significant variables in the study due to the subjective nature of some of the data dealing with the issue of training. It is relatively easy to identify variables which occur in measuring the academic training of nurses (e.g., variations in university curriculum, methods, materials, etc.), but it is difficult to identify variables when

Analysis of Teacher Training

questions of patient care, decision making, and other less definitive issues are examined, reported, and measured. Therefore, although the basic training for nurses appeared to be sound, it was also not adequate. The researcher believes this conflict in training produces a variable of dichotomy which is not easily resolved in the present study. Further, the variable of rapidly changing medical technologies and exigencies has occurred at such a fast pace within the nursing profession that it appears to be impossible to predict what new kinds of training are needed and whether such training would become obsolete in a short period of time as professional requirements fluctuate with change.

Therefore, as rated in Chapter 4, the most accurate assessment of nurses training was made from textbook research and the most inaccurate assessment was produced from the questionnaire and the interviews due to the highly subjective components inherent in the questions and in the interview situations. Additionally, the sample was small and the researcher recommends that the study be replicated in the future with a larger sample and in a wider geographic area.

Further, the study should be replicated in a variety of different locations, including nursing homes, clinical settings, college classrooms, emergency rooms, and other similar settings. What is needed in research of this type is a broad based approach to the problem, incorporating a much larger sample, and later relating that sample to other nursing populations in order to make a comparison of the data received.

Analysis of Teacher Training

It is interesting to note the similarity of responses by the nurses to many of the questions in the questionnaire, but again the researcher wonders whether the nurses gave answers which they believed the researcher wanted to hear or whether they gave answers which were truly significant from a personally truthful point of view. It must be mentioned that the nurses were interviewed on their job sites and it is possible that concern over their job situation may have "colored" the responses. However, in general, the responses seemed to be commensurate with the questions posed and the researcher did anticipate some of the answers received based on the information she examined in the literature review.

The present study was also conducted over a short period of time and it is clear that a study which covers an extremely comprehensive subject like nurses training must be done over a much longer time interval in order to gain more definitive data. Nevertheless, all data pointed to an urgent need for revision of nursing training which must be brought about within the next several years if the profession is going to meet the needs of a new millennium.

Analysis of Teacher Training

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Analysis of Teacher Training

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Analysis of Teacher Training

Glossary of Terms

Modules for Instruction - Models or self-contained units which postulate nursing problems and their resolution.

Hands-On Experience - The opportunity for nurses-in-training to apply their learning and experience within the clinical medical setting.

Clinical Setting - Any setting which requires the use of nursing skills, including hospitals, rest homes, individual patient settings, and clinics.

Clinical Performance - The actions taken by a nurse-in-training toward patients and with co-workers in a clinical setting.

Simulation Training - Replicating conditions in the clinical setting through the creation of the identical situation in the classroom.

Guided Research - Research conducted by the student under the direct supervision of the instructor.

Analysis of Teacher Training

APPENDIX A RESEARCH QUESTIONNAIRE

This research questionnaire was the basis for analyzing the responses of 30 nurses from whom the questionnaire responses were received. It was also the basis for the informal interviews conducted at the hospitals.

Please check one of the possible answers offered at the end of each question.

1. Your overall training for the profession of nursing, up to and including the present date has been:

Adequate Inadequate Better than Adequate

2. Academic training at the vocational or collegiate school attended was/is:

Adequate Inadequate Better than Adequate

3. Clinical training for your entry into the profession of nursing has been:

Adequate Inadequate Better than Adequate

4. The strongest part of your training has been:

Teacher Instruction Self-Learning Clinical Training

5. The weakest part of your training has been:

Teacher Instruction Self-Learning Clinical Training

6. As you approach entry into the nursing profession, you feel:

Well Prepared Moderately Prepared Not Prepared

7. Your main area of concern, for which you feel less than prepared is:

Patient Care Assistance in the Clinical Setting Nursing Administration

8. After you complete your academic and clinical training and before you enter the field, you believe you would need:

Additional Training No Additional Training Some Additional Training

Analysis of Teacher Training

9. You believe you will stay in the profession of nursing for:

Five Years Five to Ten Years Lifetime Commitment

10. Nursing was your profession:

Of Choice A subsidiary profession to your basic professional interests

11. You consider nursing to be a:

Profession Vocation Both a Profession and a Vocation

12. You feel nursing training is:

Better than training in other professions
Less effective than training in other professions
Equal to training in other professions

13. If you were embarking on your career all over again, you would:

Still choose nursing
Select another vocation/profession

14. Your overall feeling about entering the field of nursing is:

Enthusiastic Less than Enthusiastic Questionable

APPENDIX A

<u>Question #</u>	<u>Adequate</u>	<u>Inadequate</u>	<u>Better than Adequate</u>
1	10	5	15
2	12	13	5
3	10	5	15
<u>Question #</u>	<u>Teacher Instruction</u>	<u>Self-Learning</u>	<u>Clinical Training</u>
4	10	10	10
5	25	0	5
<u>Question #</u>	<u>Well Prepared</u>	<u>Moderately Prepared</u>	<u>Not Prepared</u>
6	10	8	12
<u>Question #</u>	<u>Patient Care</u>	<u>Assistance in Clinical Setting</u>	<u>Nursing Administration</u>
7	10	14	6
<u>Question #</u>	<u>Additional Training</u>	<u>No Add'l Training</u>	<u>Some Add'l Training</u>
8	25	0	5
<u>Question #</u>	<u>Five Years</u>	<u>Five to 10 Years</u>	<u>Lifetime Commitment</u>
9	4	0	26
<u>Question #</u>	<u>Of Choice</u>	<u>Subsidiary Profession</u>	
10	30	0	
<u>Question #</u>	<u>Profession</u>	<u>Vocation</u>	<u>Both</u>
11	6	9	15
<u>Question #</u>	<u>Better Than</u>	<u>Less Than</u>	<u>Equal</u>
12	14	16	0
<u>Question #</u>	<u>Still Choose Nursing</u>		<u>Select Another</u>
13	17		13
<u>Question #</u>	<u>Enthusiastic</u>	<u>Less Than Enthusiastic</u>	<u>Questionable</u>
14	15	5	11

Analysis of Teacher Training

APPENDIX A Estimated Demand for Various Training Programs

First Choice Training/ Experience	Nurse Training Program (%)			Total
	Diploma	Associate Degree of Nursing	Bachelor's Degree	
Practice/Experience				
Anesthesia	0.0	0.0	2.7	1.2
Emergency Room	7.7	28.6	2.7	7.2
Inhalation therapy	7.7	0.0	2.7	4.8
ICU/CCU	2.6	0.0	5.4	3.6
Nurse clinics	0.0	14.3	0.0	1.2
Ob/Gyn	0.0	0.0	5.4	2.4
Operating room	5.1	14.3	0.0	3.6
Pediatrics	0.0	0.0	2.7	1.2
Pediatric ICU	0.0	0.0	2.7	1.2
Psychiatry	2.6	14.3	0.0	2.4
Public health	2.6	0.0	2.7	2.4
Other	0.0	0.0	10.8	4.8
Practitioners				
Family nurse practitioner	7.7	0.0	5.4	6.0
Midwife	2.6	0.0	0.0	1.2
Pediatric nurse	0.0	0.0	8.1	3.6
Other	0.0	0.0	5.4	2.4
Futher education				
MS	0.0	0.0	8.1	3.6
Other	5.1	14.3	2.7	4.8
Training				
Cardiac	15.4	14.3	10.8	13.3
Leadership	12.8	0.0	2.7	7.2
Management	2.6	0.0	2.7	2.4
Pharmacy	0.0	0.0	2.7	1.2
Physical assessment	5.1	0.0	2.7	3.6
Renal	2.6	0.0	0.0	1.2
Other	15.4	0.0	5.4	9.6
Miscellaneous				
Other	2.6	0.0	5.4	3.6
Sample size	39	7	37	83
Percent in each program	47.0	8.4	44.6	100.0

Analysis of Teacher Training

APPENDIX A

Formal Continuing Education is Only the Tip of the Iceberg

APPENDIX A

How the Head Nurse and Assistant Head Nurse Spend Their Time

Statistic		Hospital-related management		Patient care management		Direct patient care		Misc. and personal time		Total	
Position	Job roles required	H.N., A.H.N.		C.N., A.H.N., H.N.		S.N., C.N., A.H.N., H.N.		All personnel			
		Hrs/Day		%		Hrs/Day		%		Hrs/Day	
H.N.		%									
	Work done at hospital	1.78	10	3.53	19	3.69	19	0.44	2	9.44	50
	Work done at home	0.27	1	0.09	1	-	-	-	-	0.36	2
	Work not done but desired	0.39	2	0.19	1	0.03	-	-	-	0.61	3
	Personal breaks missed	-	-	-	-	-	-	0.26	-	0.26	1
	Total time needed	2.44	13	3.81	21	3.72	19	0.70	3	10.67	56
A.H.N.											
	Work done at hospital	0.62	3	2.96	16	3.64	19	0.33	2	7.55	40
	Work done at home	0.02	<1	-	-	-	-	-	-	0.02	<1
	Work not done but desired	0.05	<1	0.34	2	0.11	1	-	-	0.50	3
	Personal breaks missed	-	-	-	-	-	-	0.24	1	0.24	1
	Total time needed	0.69	3	3.30	18	3.75	20	0.57	3	8.31	44
Total											
	Work done at hospital	2.40	13	6.49	35	7.33	38	0.77	4	16.99	90
	Work done at home	0.29	1	0.09	1	-	-	-	-	0.38	2
	Work not done but desired	0.44	2	0.53	3	0.14	1	-	-	1.11	6
	Personal breaks missed	-	-	-	-	-	-	0.50	2	0.50	2
	Total time needed	3.13	16	7.11	39	7.47	39	1.27	6	18.98	100
H.N. --Head Nurse		A.H.N. --Asst. Head Nurse		C.N. --Charge Nurse		S.N. --Student Nurse					

APPENDIX A

Educational Levels of Nursing Administrators

	1977-78 R N Inventory data educational preparation of nursing administrators (hospitals) ANA		Survey data American Society for Nursing Service Administrators 1977	
Highest level of Preparation	(No.)	(%)	(No.)	(%)
Diploma	7,402	45.3	2,427	45.6
Associate degree	738	4.5	134	2.5
Bachelor's degree-nursing	3,105	19.0	1,259	23.6
Bachelor's degree-other	1,134	6.9		
Master's degree-nursing	2,745	16.8	1,452	27.3
Master's degree-other	1,126	6.9		
Doctor's degree	96	0.6	25	.5
Total	16,346	100	5,297	100